

Ravindra Shikshan Prasarak Mandal

Regd. No. (F-8597 / Thane)

Gurukul

The Day School

ADMISSION FORM

PHOTO
(2 copies)

To,
The Principal,
Gurukul

I wish to admit my ward in your institution. The details are as under :

Name : _____

Date of Birth : _____

Address : _____

_____ Tel.: _____

Father's Name : _____

Occupation : _____ Tel.: _____

Office Address : _____

Mother's Name : _____

Occupation : _____ Tel.: _____

Office Address : _____

Emergency contact person and Phone : _____

I have read all the rules and regulations as mentioned in the prospectus and agree to abide by them.

Signature
(Parent / Guardian)

MEDICAL REPORT (To be filled by the family Doctor)

1. Name of Student : _____

2. a) Height _____ b) Weight _____ c) Chest _____

3. Identification Marks : _____

4. a) Inoculation taken on : _____

b) Vaccination taken on : _____

5. Blood Group : _____

6. i) Eyes : Refraction error / Trachome ii) Ears : Any discharge / Disease / Deafness

iii) Nose : Epistaxis - D.V.S. iv) Tonsils : Chronic Enlargement

v) GIT : Appendicular colic / Any other colic vi) Hernia / Hydrocele

7. Any injury, illness or operation : _____

8. Allergy to Drug : Penicillin, Sulpha group, Quinine, Chloramphenicol, Terramycin, Any other drug

9. Name of the Doctor : _____

Address _____ Tel.: _____

Signature
(Parent / Guardian)

Signature
(Doctor)